

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	7	CY/04	
O.I.P.E. CLASSIFIER		21	5/18/01
FORMALITY REVIEW	SL	102	07/05/01
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	7/27/01
2	
3	
4	✓
5	✓
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9	0
10	✓
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28	✓
29	0
30	✓
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44	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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